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CONFIRMATION NO. 3398

Bib Data Sheet

SERIAL NUMBER 10/756,862	FILING DATE 01/14/2004 RULE	CLASS 428	GROUP ART UNIT 1772	ATTORNEY DOCKET NO.
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APPLICANTS

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** CONTINUING DATA ***** *Yes*

This application is a DIV of 10/124,537 04/17/2002 PAT 6,696,128

** FOREIGN APPLICATIONS *****

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 04/16/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 2	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
Verified and Acknowledged	<i>A. J. [Signature]</i> Examiner's Signature Initials				

ADDRESS

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TITLE

Safety blanket for accident victim

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)